

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

| | | |
|-----------------------------------|---|--------------------------|
| UNITED STATES OF AMERICA, |) | |
| |) | |
| Plaintiff, |) | In Equity No. C-125-ECR |
| |) | Subfile No. C-125-B |
| WALKER RIVER PAIUTE TRIBE. |) | |
| |) | NOTICE OF CHANGE OF |
| Plaintiff-Intervenor, |) | OWNERSHIP OF WATER RIGHT |
| |) | |
| v. |) | |
| |) | |
| WALKER RIVER IRRIGATION DISTRICT, |) | |
| a corporation, et al., |) | |
| |) | |
| Defendants. |) | |

The undersigned counter-defendant in the above action hereby notifies the Court and the United States that the undersigned (or the entity on whose behalf the undersigned is acting) has sold or otherwise conveyed ownership of all or a portion of a water right within one or more of the categories set forth in Paragraph 3 of the Case Management Order and provides the following information:

1. The name and address of the party or parties who sold or otherwise conveyed ownership:

Ira S. & Zola L. Dykes, Trustees
The Dykes Family Trust
Name(s)

2141 Cartwright Rd.
Street or P.O. Box

Reno NV 89521
Town or City State ZipCode

2. The name and address of each person or entity who acquired ownership

The Patricia Louise Riley Revocable Trust
Patricia Louise Riley, Trustee

Name(s)

-1040 Comstock Rd.

Street or P.O. Box

Hollister CA 95023
Town or City State ZipCode

3. Attached to or included with this notice is a copy of the (check appropriate box(es)):

☒ Deed

☐ Court Order

☒ Other Document. *-Certificate of Death.*

by which the change in ownership was accomplished.

4. The undersigned acknowledges that any person or entity who files a Notice of Change of Ownership of Water Right using this form is ultimately responsible for the accuracy of this filing. Consequently, the undersigned acknowledges that any person or entity who files

* This notice shall be sent to the following two persons:

Linda Lea Sharer, Chief Deputy Clerk
United States District Court for the District of Nevada
400 South Virginia Street, Suite 301
Reno, NV 89501

And

Susan L. Schneider
United States Department of Justice
P.O. Box 756
Littleton, CO 80160

3
4 Executed this 5 day of February 2007.

5
6 *Zola L. Dykes*

7 ZOLAL DYKES, ^{SOLE} Trustee
8 [signature of counter-defendant]

9 The Dykes Family Trust
10 Ira S. & Zola L. Dykes, Trustees

11 [name of counter-defendant]

12
13 [signature, if applicable, of person acting on
14 behalf of counter-defendant]

15
16 [name, if applicable, of person acting on
17 behalf of counter-defendant]

18
19 2141 Cartwright Rd.
Reno, NV 89521

20 [address]

21 (775) 847-7471

22 [telephone number]

*** THIS IS AN UNOFFICIAL COPY ***

DOC # 396976
12/12/2006 04:52 PM
Official Record

Requested By
NORTHERN NEVADA TITLE
Lyon County - NV
Recorded by: Mary C. Milligan - Recorder



A.P.N. 001-611-08 & 001-611-09
JUVS77

RECORDING REQUESTED BY:

MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO:

Patricia Louise Riley, Trustee
1040 Comstock Rd.
Hollister, CA 95023

THIS SPACE FOR RECORDER'S USE ONLY

The undersigned grantor(s) declare(s):

Documentary transfer tax of \$1,813.50, computed on full value of property conveyed.

GRANT, BARGAIN, SALE DEED

That Ira S. Dykes and Zola L. Dykes, Trustees of The Dykes Family Trust, dated December 6, 1996 in consideration of \$10.00 Dollars, the receipt of which is hereby acknowledged, do(es) hereby Grant, Bargain, Sell and Convey to Patricia Louise Riley, Trustee of the Patricia Louise Riley Revocable Trust all that real property in the County of Lyon, State of Nevada, bounded and described as follows:

See Exhibit "A" attached hereto and made a part hereof

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Dated: December 8, 2006

The Dykes Family Trust, dated December 6, 1996

By: Ira S. Dykes
Ira S. Dykes, Trustee

By: Zola L. Dykes
By: Zola L. Dykes
Zola L. Dykes, Trustee

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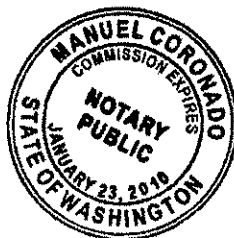
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COUNTY OF YAKIMA)

On 11 DEC 2006 personally appeared before me, a Notary Public, Ira S. Dykes and Zola L. Dykes who acknowledged that they executed the above instrument.

Signature Manuel Coronado
(Notary Public)



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EXHIBIT "A"

All that certain real property situate in the County of Lyon, State of Nevada, described as follows:

Parcel 1:

All that certain land lying all in a portion of Section 15 Township 13 North, Range 25 East M.D.B.&M., being a portion of Parcel B, as shown on Parcel Map File No. 179978, of Lyon County Records and a portion of Parcel A2, as shown on Parcel Map File No. 192613, Lyon County Records, being described as follows:

Beginning at the Northerly most corner of Parcel B as shown on said Parcel Map File No. 179978; thence from said point of beginning and along the Easterly line of said Parcel B, South $20^{\circ}58'07''$ East a distance of 599.40 feet; thence leaving said Easterly line, South $83^{\circ}23'21''$ West a distance of 371.63 feet to the Northwest corner of Parcel A2, as shown on said Parcel Map File No. 192613; thence along the Westerly line of said Parcel A2, South $3^{\circ}29'14''$ West a distance of 66.24 feet to an angle point along said Westerly line; thence continuing along said Westerly line, South $1^{\circ}48'37''$ West a distance of 79.32 feet; thence leaving said Westerly line and along the Southerly most line of said Parcel B; North $89^{\circ}28'49''$ West a distance of 384.63 feet to a point on the center line of the Walker River as shown on Parcel Map No. 48638 of Lyon County Records; thence along said center line of the Walker River North $35^{\circ}04'24''$ East a distance of 325.98 feet to an angle point; thence continuing along said center line of the Walker River, North $37^{\circ}52'10''$ East a distance of 352.44 feet to an angle point; thence continuing along the said center line of the Walker River, North $35^{\circ}31'01''$ East a distance of 244.70 feet to the point of beginning.

Parcel 2:

All that certain land lying all in a portion of Section 15 Township 13 North, Range 25 East M.D.B.&M., being a portion of Parcel B, as shown on Parcel Map File No. 179978, of Lyon County Records and a portion of Parcel A2, as shown on Parcel Map File No. 192613, Lyon County Records, being described as follows:

Beginning at a point along the Northerly right of way of Goldfield Avenue, also being the Southwest corner of Parcel A2 as shown on said Parcel Map File No. 192613; thence from said point of beginning and along the Westerly line of said Parcel A2 North $0^{\circ}39'19''$ East a distance of 236.81 feet to an angle point; thence continuing along said Westerly line, North $89^{\circ}28'49''$ West a distance of 12.50 feet to an angle point; thence continuing along said Westerly line, North $1^{\circ}48'37''$ East a distance of 79.32 feet to an angle point; thence continuing along said Westerly line, North $3^{\circ}29'14''$ East a distance of 66.24 feet to the Northwest corner of said Parcel A2; thence from said Northwest corner of Parcel A2, North $83^{\circ}23'21''$ East a distance of 371.63 feet to a point of intersection with the Easterly line of said Parcel A2; thence from said point of intersection and along the Easterly line of said Parcel A2, South $20^{\circ}58'07''$ East a distance of 214.43 feet to the

Continued . . .

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Exhibit "A" Continued

easterly most point of said parcel A2, thence from said point, South 37°33'27" West a distance of 145.27 feet to an angle point; thence from said angle point, South 48°08'24" West a distance of 223.32 feet to a point of intersection with the Northerly right of way of Goldfield Avenue; thence from said point and along the Northerly right of way of Goldfield Avenue, North 89°09'54" West a distance of 153.71 feet to the point beginning.

Legal description appeared previously in Document No. 264971, recorded on August 22, 2001
Official Records of Lyon County Nevada.

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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

| Local File Number 1668 | | Washington State Certificate of Death | | | | State File Number | |
|--|-------------------------------|--|----------------------------------|--|--------------------------------------|--|--|
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix | | Ira S. DYKES | | | | 2. Death Date 12-16-2006 | |
| 3. Sex (M/F) M | 4a. Age - Last Birthday 83 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number 447-12-5547 | 6. County of Death Yakima | | |
| 7. Birthdate 6-17-1923 | | 8a. Birthplace (City, Town, or County) Sapulpa | | 8b. (State or Foreign Country) OK | 9. Decedent's Education 8th grade | | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | | 11. Decedent's Race(s) White | | 12. Was Decedent ever in U.S. Armed Forces? Yes | |
| 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 707 Jamie | | | | | | 13b. City or Town Selah | |
| 13c. Residence: County Yakima | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country WA | | 13f. Zip Code + 4 98942 | 13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 14. Estimated length of time at residence. 6 months | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Zola Collins | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Carpenter | | | | 18. Kind of Business/Industry (Do not use Company Name) Construction | | | |
| 19. Father's Name (First, Middle, Last, Suffix) Jake Wesley Dykes | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Florence Bridgeford | | | |
| 21. Informant's Name Zola Dykes | | 22. Relationship to Decedent Wife | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 707 Jamie, Selah, WA 98942 | | | |
| 24. Place of Death, if Death Occurred in a Hospital: Decedent's Home | | | | | | | |
| 25. Facility Name (If not a facility, give number & street or location) 707 Jamie | | | | | | | |
| 26a. City, Town, or Location of Death Selah | | 26b. State WA | | 27. Zip Code 98942 | | | |
| 28. Method of Disposition Burial | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Wenas Cemetery | | | | 30. Location-City/Town, and State Selah, WA | |
| 31. Name and Complete Address of Funeral Facility Valley Hills Funeral Home, 2600 Business Ln, Yakima, WA | | | | | | | |
| 33. Funeral Director Signature X <i>Alfred C. Humphrey</i> | | | | | | 32. Date of Disposition 12/19/06 | |
| 34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Lung Cancer</i> Interval between Onset & Death <i>Months</i> | | | | | | | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Due to (or as a consequence of): Interval between Onset & Death | | | | | | | |
| c. Due to (or as a consequence of): Interval between Onset & Death | | | | | | | |
| d. Due to (or as a consequence of): Interval between Onset & Death | | | | | | | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | |
| 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 41. Date of Injury (MM/DD/YYYY) | | 42. Hour of Injury (24hrs) | | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 45. Location of Injury: Number & Street: Apt. No. | | | | | | | |
| 46. Describe how injury occurred: City or Town: County: State: Zip Code + 4: | | | | | | | |
| 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | | | | | 48a. Certifying Physician <i>Patrick Waber</i> | |
| 48b. Medical Examiner/Coroner | | | | | | 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Print) Patrick Waber, 1020 S. 40th Ave, Ste. A, Yakima WA 98908 | |
| 50. Hour of Death (24hrs) 0404 | | | | | | 51. Name and Title of Attending Physician (if other than Certifier) Yakima VA | |
| 52. Date Signed (MM/DD/YYYY) 12/18/06 | | 53. Title of Certifier M.D. | | 54. License Number | | 55. ME/Coroner File Number | |
| 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | 57. Registrar Signature <i>Mary Marshall, Deputy Registrar</i> | |
| 58. Date Received (MM/DD/YYYY) 12-18-2006 | | | | | | 59. Amendments | |